

Citizens with Developmental Disabilities

PROVIDER AGENCY QUESTIONNAIRE

Last Updated: 08/29/2014

AGENCY INFORMATION
1. How many years has your agency been in business? 61
2. List licenses. Employment Services, Day Habilitation, PCA, Supported Living, Fr
3. List other certifications/credentials.
4. Is your agency accredited ⊙Yes or ○No
5. If your agency is accredited, by whom? CARF
6. Has your agency had an external audit/survey? OYes or ONo
7. If your agency had an external audit/survey was it voluntary? •Yes or ONo
8. If your agency has had an external audit/survey, were there any
deficiencies? ○Yes or ONo
9. If there were any deficiencies, were they resolved? OYes or ONo
SERVICES PROVIDED
10. Does your agency provide direct care services? ⊙Yes or ONo
11. If yes, select all that apply and identify the number of persons supported in each
✓Supported Independent Living 18
✓ Individual and Family Support 165
✓In-home Respite 95
☐ Center-based Respite ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
✓ Day Program 198
✓ Transportation 60
Other: (specify services)
12. If your agency provides Supported Employment Services, how many persons supported are competitively employed? 50
13. What is the average rate of pay for the persons supported that are working competitively? (Select
one of the following) \$8.26-\$9.25

EM	PLOYEES
14.	How many people are employed by your agency? (Select one of the following)
	51 +
15.	What types of professionals are employed by your agency? (Select all that apply)
	Psychologist Behavior Specialist
	Registered Nurse Licensed Social Worker
	Other (Specify)
	What is the average rate of pay for the direct care professionals working for your agency for
Indi	ividual and Family Support (IFS) day services? (Select one of the following)
	\$9.26-\$10.25
17.	What is the average rate of pay for the direct care professionals working for you agency for IFS
nigh	nt services? (Select one of the following)
	\$8.26-\$9.25
18.]	Does your agency reimburse staff for mileage when they are providing transportation to person
	ported in their own vehicle? OYes or ONo
10	If you was a gamay waim hy was faw mileogo, have my shide they waim hy was 2
19.	If your agency reimburses for mileage, how much do they reimburse?
	40 cents per mile
20	If your agency provides direct care services, what is your annual direct support professional
	over rate?
	15-20 %
21.	What are the common reasons for agency turnover?
	scheduling/availability, rates of pay, failure to provide required documents for the position
	positional interpolation of pay, resident to provide required decarries for the position
22	
	How many hours of training per year are provided to your direct support professionals?
3	
23.	What training topics are provided to your direct support professionals?
	Defensive Driving, First Aid, Critical Incident Reporting, Home and Community Safety, Stress Management, Medication Administration, Implementing Service Plans, Seizure Management, and other client specific training
24.	How many hours of training are provided to your professional staff?
25.	What training topics are provided to your professional staff?

26. Does your agency have a written policy regarding expectations of employee's behavior when providing services? •Yes or ONo
27. If yes, how can persons interested in your agency access this information? Personnel Policies and Departmental Handbooks
INDIVIDUALS SERVED
28. Identify the total number of persons served by your agency? 900 per year
29. Does your agency serve children? OYes or ONo
30. Does your agency serve persons that require support with medication administration and/or non-complex tasks? ⊚Yes or ○No
31. Does your agency serve persons with more intense behavioral support needs, such as aggression, pica, self-injurious behaviors, etc.? • Yes or ONo
32. Does your agency serve persons with more intense medical support needs, such as medical vents, tube feeding, etc.? •Yes or ONo
33. Does your agency specialize in services for specific populations (Autism, Prader-Willi, etc.)? OYes or ONo If Yes, specify specialties.
QUALITY ASSURANCE 34. Is your agency's Quality Assurance Plan available for current persons supported and potential
persons interested in your agency to review? •Yes or ONo
35. If yes, how can persons that are interested access this information?
Send request in writing
36. How does your agency assess individual and/or their families satisfaction with the services provided?
Annual Satisfaction Surveys
37. How often does your agency assess an individual and/or their family's satisfaction? (Select one of
the following)
Annually
38. What is your agency's process for receiving individual complaints?
Grievance Procedure is provided in departmental handbooks

39.	now are complaints resolved?
	According to Grievance procedures
40.	Does your agency report overall individual satisfaction? OYes or ONo
41.	Who is overall satisfaction reported to?
	Annual Report, Board of Directors, Various other stakeholders
42.	How often is overall satisfaction reported? (Select one of the following) Annually

Service providers should submit this form electronically to the Office for Citizens with Developmental Disabilities, attention Christy Johnson at christy.johnson@la.gov.